



Alaska Alcoholic Beverage Control Board

Package Store License

Form AB-17b: 2018/2019 Renewal License Application

Alcohol and Marijuana Control Office

550 W 7th Avenue, Suite 1600

Anchorage, AK 99501

alcohol.licensing@alaska.gov

<https://www.commerce.alaska.gov/web/amco>

Phone: 907.269.0350

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing package store liquor license that will expire on December 31, 2017. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete.

Section 1 – Establishment and Contact Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

Licensee:	Kito's Kave, Inc.	License #:	590
License Type:	Package Store	Statute:	AS 04.11.150
Doing Business As:	Kito's Kave Bar & Liquor		
Premises Address:	200 Chief John Lott		
Local Governing Body:	Petersburg Borough		
Community Council:	None		

Mailing Address:	P.O. Box 1510		
City:	PETERSBURG	State:	ALASKA
		ZIP:	99833

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual must be a licensee who is required to be listed in and authorized to sign this application.

Point of Contact:	MARCIA FARRELL		
Contact Phone:		Business Phone:	907-772-4027
Contact Email:	kitoskave@gci.net		

Seasonal License? ☐ Yes ☒ No

If "Yes", write your six-month operating period:





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Section 2 – Authorization

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

☐☒

If "Yes", disclose the name of the individual and the reason for this authorization:

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Section 3 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4.
If more space is needed, please attach a separate sheet with the required information.

The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: ☐ applicant ☐ affiliate

Name:					
Mailing Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					

This individual is an: ☐ applicant ☐ affiliate

Name:					
Mailing Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					





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Section 4 – Entity Ownership Information

This subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). You may view your entity's status or find your CBPL entity number by using the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>. Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

Alaska CBPL Entity #:	6760 D
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You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.

MF

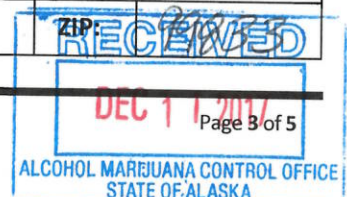
This subsection must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a corporation, the following information must be completed for each stockholder who owns 10% or more of the stock in the corporation, and for each president, vice-president, secretary, and managing officer.
- If the applicant is a limited liability organization, the following information must be completed for each member with an ownership interest of 10% or more, and for each manager.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each partner with an interest of 10% or more, and for each general partner.

Entity Official Name:	HILLARY WHITETHORN				
Title(s):	SECRETARY, TREASURER	Phone:	907-772-4027	% Owned:	20
Mailing Address:	PO BOX 187				
City:	PETERSBURG	State:	ALASKA	ZIP:	99833

Entity Official Name:	JAMES SWAINSON				
Title(s):	PRESIDENT	Phone:	907-772-4027	% Owned:	30
Mailing Address:	P.O. BOX 1510				
City:	PETERSBURG	State:	ALASKA	ZIP:	99833

Entity Official Name:	MARCIA FARRELL				
Title(s):	SHAREHOLDER	Phone:	907-772-4027	% Owned:	30
Mailing Address:	P.O. BOX 1456				
City:	PETERSBURG	State:	ALASKA	ZIP:	99833





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Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

Alaska CBPL Entity #:	6760 D
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You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

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- If the applicant is a corporation, the following information must be completed for each stockholder who owns 10% or more of the stock in the corporation, and for each president, vice-president, secretary, and managing officer.
- If the applicant is a limited liability organization, the following information must be completed for each member with an ownership interest of 10% or more, and for each manager.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each partner with an interest of 10% or more, and for each general partner.

Entity Official Name:	JOE IEREMIA				
Title(s):	SHAREHOLDER	Phone:	907-772-4027	% Owned:	20
Mailing Address:	P.O. BOX 835				
City:	PETERSBURG	State:	ALASKA	ZIP:	99833

Entity Official Name:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	

Entity Official Name:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	





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Section 5 – License Operation

Check a single box for each calendar year that best describes how this liquor license was operated:

2016 2017

The license was regularly operated continuously throughout each year, for 8 or more hours each day.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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The license was regularly operated during a specific season each year, for 8 or more hours each day.

<input type="checkbox"/>	<input type="checkbox"/>
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The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day.

If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.

<input type="checkbox"/>	<input type="checkbox"/>
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The license was not operated at all or was not operated for at least the minimum requirement of 30 days each year, 8 hours each day, during one or both of the calendar years.

<input type="checkbox"/>	<input type="checkbox"/>
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If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement.

Section 6 – Violations and Convictions

Applicant violations and convictions in calendar years 2016 and 2017:

Yes No

Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2016 or 2017?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2016 or 2017?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

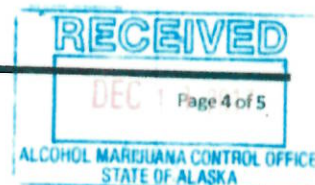
Section 7 – Alcohol Server Education

Read the line below, and then sign your initials in the box to the right of the statement:

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as required under AS 04.21.025 and 3 AAC 304.465.

MF





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Section 8 – Written Orders

Written orders in calendar years 2016 and 2017:

Yes No

Did you sell alcoholic beverages in response to written orders in calendar years 2016 or 2017?

☐ ☒

Section 9 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

MF

I certify that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.

MF

I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers, managers, general partners, or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

MF

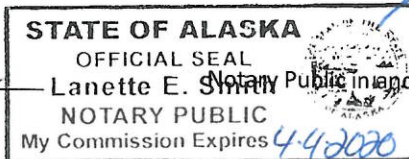
I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

MF

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.

Marcia A Farrell
Signature of licensee

MARCIA A FARRELL
Printed name of licensee



Lanette E. Smith
Signature of Notary Public

Alaska
Notary Public in and for the State of
My commission expires: 4-4-2020

Subscribed and sworn to before me this 6th day of December, 2017.

License Fee:	\$ 1500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 1700.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					



Alcoholic Beverage Control Board
550 W. 7th AVE, SUITE 1600
Anchorage, AK 99501

Date: 01/11/2016
Number AB16000013
Page 1 of 2

Notice of Violation

(3AAC 304.525)

Licensee Kito's Kave Bar & Liquor	License Number 589	Type of License Beverage Dispensary
D.B.A. Kito's Kave	How Delivered <input checked="" type="checkbox"/> Certified Mail # On-File <input type="checkbox"/> In Person	Law Enforcement Agency Petersburg Police Department
Street or P O Box P.O. Box 1510	City, State Petersburg, AK	Zip 99833

This is a notice to you as licensee that an alleged violation has occurred. If the Alcoholic Beverage Control Board decides to act against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will receive an Accusation and Notice of your right to an Administrative Hearing.

Note: This is not an accusation or a criminal complaint.

VIOLATION:

On the evening of January 1, 2016 Officer Dodson of the Petersburg Police Department attempted to do a bar check and was told in essence he did not have authority to do so.

Your attention is directed to

Please reference **3 AAC 304.515 Inspection**: (a) Licensees are considered to consent to the entry upon the licensed premises and inspection of the licensed premises at all reasonable times and in a reasonable manner by investigative personnel of the board or by other peace officers acting in their official capacity for the purpose of enforcing statutes and regulations related to alcoholic beverages.

(b) Licensees shall do all things reasonably necessary and appropriate to cooperate with investigative personnel and employees of the board and peace officers acting in their official capacity to enforce the statutes, regulations and ordinances related to alcoholic beverages, including permitting entry upon and inspection of the licensed premises and providing access, upon request at reasonable times, to business records at the written direction of the director.



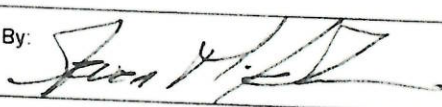
You are directed to respond to the Director of the Alcohol Beverage Control Board either orally or in writing to this Notice of Violation within 10 days of receipt to explain what action you have taken to prevent a reoccurrence of this violation. FAILURE TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 10 DAYS WILL RESULT IN YOUR APPEARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD OF DIRECTORS AT THEIR NEXT REGULARLY SCHEDULED BOARD MEETING OR IN AN ACCUSATION FILED BY THE DIRECTOR.

*Please include your Alcohol License Number in your response.

Cynthia Franklin, Director
Alcoholic Beverage Control Board
550 W. 7th Ave. Suite 1600
Anchorage, Alaska 99501

A Response is Required

3 AAC 304.525 (B) provides that upon receipt of a Notice of Violation, a licensee may request to appear before the Director and be heard regarding the Notice of Violation. The request must be made within ten days after receipt of the Notice and the Director must grant an appearance within ten days after receipt of a request. A Licensee shall respond, either orally or in writing, to the Notice.

Receipt:	Violation Observed By: Officer Dodson
Filed By: 	Title: Investigator III



Alcoholic Beverage Control Board
550 W. 7th AVE, SUITE 1600
Anchorage, AK 99501

Date: 3-21-16
Number AB16-233
Page 1 of 2

Notice of Violation

(3AAC 304.525)

Licensee Kitos Kave Bar & Liquor	License Number 589	Type of License Bev Disp
D.B.A. Kitos Kave Bar & Liquor	How Delivered <input checked="" type="checkbox"/> Certified Mail # On-File <input type="checkbox"/> In Person	Law Enforcement Agency AMCO
Street or P.O. Box PO Box 1510	City, State Petersburg, AK	Zip 99833

This is a notice to you as licensee that an alleged violation has occurred. If the Alcoholic Beverage Control Board decides to act against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will received an Accusation and Notice of your right to an Administrative Hearing.

Note: This is not an accusation or a criminal complaint.

VIOLATION:

As of 1-1-2016, your business has been operating without a valid DEC food establishment permit due to nonpayment of required annual fee. This is a violation of 18 AAC 31.020(a)(2) and 18 AAC 31.050.

As a licensee you are required to comply with all public health, fire, or safety laws and regulations in the state. You are also subject to suspension or revocation of your license by not being in compliance with 18 AAC 31.020(a)(2) and 18 AAC 31.050.

AS 04.11.370(a)(6) -

- (a) A license or permit shall be suspended or revoked if the board finds
(6) failure of the licensee to comply with the public health, fire, or safety laws and regulations in the state;

Your attention is directed to:

You are directed to respond to the Director of the Alcohol Beverage Control Board either orally or in writing to this Notice of Violation within 10 days of receipt to explain what action you have taken to prevent a reoccurrence of this violation. FAILURE TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 10 DAYS WILL RESULT IN YOUR APPEARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD OF DIRECTORS AT THEIR NEXT REGULARLY SCHEDULED BOARD MEETING OR IN AN ACCUSATION FILED BY THE DIRECTOR.




*Please include your Alcohol License Number in your response.

Cynthia Franklin, Director
Alcoholic Beverage Control Board
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Receipt:	Violation Observed By: Sunny Muir, DEC
Filed By: 	Title: Investigator III



NOTICE OF VIOLATIONS SECTION 6.

AB-17-0211 – In April of 2017 the bartender at the Polar Bar, Connie O'Connor, was bartending with an expired TAMS card. Ms. O'Connor was relieved of her duties and was required to update her TAMS card prior to returning to work. We now have a tracking system for employees that are required to have a TAMS card, employees are reminded to update the card prior to expiration date.

